

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 11-30-1995

No. 104904	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	LELAND W FITZGERALD 1520 SHERMAN AVE
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct	
	LAKE CITY HOME HEALTH, INC. LELAND W FITZGERALD 1520 SHERMAN AVE  COEUR D ALENE ID 83814	COEUR D ALENE ID 83814  3. Incorporated Under The Laws of ID NO: 104904

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>
President:	LELAND FITZGERALD	15 N PLEASANT	POST FALLS	ID	83854
Secretary:	SUSAN GOODRICK	324 N 15TH	COEUR D'ALENE	ID	83814
Directors:	CARMEN FITZGERALD	15 N PLEASANT	POST FALLS	ID	83854
	HARRY DEERING	523 COEUR D'ALENE AVE.	CD'A	ID	83814

## 5. Nature of Business

HOME HEALTH

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name

(Typed or Printed)

LELAND FITZGERALD

Date

11-17-95

Title

PRESIDENT